

PLACE OF BIRTH
 County of Gila
 District of Miami
 City of _____
 State of _____
 (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

Co. Register No. 135

Local Registrar's No. _____

NAME OF CHILD Catellina Perez { Born } YES
 Child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex Female Twin, Triplet or other _____ and Number in order of birth 2d Legitimate? Yes Date of Birth Mar 9 1917
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Jose Perez</u>	Full Name <u>Librada Gonzales</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Age at last Birthday <u>27</u> (Years)	Age at last Birthday <u>18</u> (Years)		
Color or Race <u>Mexican</u>	Color or Race <u>Mexican</u>		
Birthplace <u>San Juan, Mexico</u>	Birthplace <u>San Juan, Mexico</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		

Number of children of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 9 1917, at 11 P. M.
 When there is no attending physician or midwife, then the householder shall make this return.

(Signature) Catellina M. D.
 (Attending physician, midwife, householder)

English or Christian name added from a supplemental report _____ 191...

Address Miami, Fla.

Filed Mar 15 1917

LOCAL REGISTRAR.

379-309-372
 COUNTY REGISTRAR.

Filed May 5 1917

True Copy
 COUNTY REGISTRAR.